REPORT - HIPAA 834 to EDB mapped fields only

Loop	SegID	HIPAA Name DT	Req	File	Field	DT	Comment	CommentType
		Benefit Enrollment and Maintenance					montly Consultec data transfer to managed care providers	Translation
	ST	Transaction Set Header	R					
	BGN	Beginning Segment	R					
	REF	Transaction Set Policy Number	S					
	DTP	File Effective Date	s					
1000A	N 1	Sponsor Name	R					
1000A	N 1	Sponsor Name	R					
1000B	N 1	Payer	R					
1000B	N 1	Payer	R					
1000B	N 104	Insurer Identification Code AN8	0 R	MHCP- PYMNT-LIST- REC	PCOP-BILLING-PROV	9(07)		
1000C	N 1	TPA/Broker Name	S					
1000C	N 1	TPA/Broker Name	s					
1100C	ACT	TPA/Broker Account Information	S					
1100C	ACT	TPA/Broker Account Information	S					
2000	INS	Member Level Detail	R					
2000	INS	Member Level Detail	R					
2000	REF	Subscriber Number	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000	REF02	Subscriber Identifier	AN30	R	MHCP- PYMNT-LIST- REC	RECIP-IDENT- NUMBER	X(14)		
2000	REF	Member Policy Number		s					
2000	REF	Member Identification Number		s					
2000	REF02	Subscriber Supplemental Identifier	AN30	R	MHCP- PYMNT-LIST- REC	CASE-NUMBER	X(12)		
2000	REF02	Subscriber Supplemental Identifier	AN30	R	MHCP- PYMNT-LIST- REC	RECIP-CLIENT-ID	X(09)		
2000	REF	Prior Coverage Months		S					
2000	DTP	Member Level Dates		S					
2100A	NM1	Member Name		R					
2100A	NM1	Member Name		R					
2100A	NM103	Subscriber Last Name	AN35	R	MHCP- PYMNT-LIST- REC	RECIP-NAME	X(22)		
2100A	NM104	Subscriber First Name	AN25	R	MHCP- PYMNT-LIST- REC	RECIP-NAME	X(22)		
2100A	NM105	Subscriber Middle Name	AN25	S	MHCP- PYMNT-LIST- REC	RECIP-NAME	X(22)		
2100A	PER	Member Communications Numbers		S					
2100A	PER04	Communication Number	AN80	R	MHCP- PYMNT-LIST- REC	RECIP-PHONE- NUMBER	X(10)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100A	N 3	Member Residence Street Address		S					
2100A	N 301	Subscriber Address Line	AN55	R	MHCP- PYMNT-LIST- REC	RECIP-ADDR-LINE-1	X(25)		
2100A	N 302	Subscriber Address Line	AN55	S	MHCP- PYMNT-LIST- REC	RECIP-ADDR-LINE-2	X(20)		
2100A	N 4	Member Residence City, State, ZIP Code		S					
2100A	N 401	Subscriber City Name	AN30	R	MHCP- PYMNT-LIST- REC	RECIP-ADDR-LINE-3	X(20)		
2100A	N 402	Subscriber State Code	ID2	R	MHCP- PYMNT-LIST- REC	RECIP-ADDR-LINE-3	X(20)		
2100A	N 403	Subscriber Postal Zone or ZIP Code	ID15	R	MHCP- PYMNT-LIST- REC	RECIP-RES-ZIP-CODE	X(5)		
2100A	N 403	Subscriber Postal Zone or ZIP Code	ID15	R	MHCP- PYMNT-LIST- REC	RECIP-ZIP-CODE	X(5)		
2100A	DMG	Member Demographics		S					
2100A	DMG02	Member Birth Date	AN35	R	MHCP- PYMNT-LIST- REC	RECIP-DATE-OF- BIRTH	9(08)		
2100A	DMG03	Gender Code	ID1	R	MHCP- PYMNT-LIST- REC	RECIP-SEX-CODE	X(1)		
2100A	DMG05	Race or Ethnicity Code	ID1	S	MHCP- PYMNT-LIST- REC	RECIP-RACE-CODE	X(1)	Required by MMIS and new CMS/HCFA rules.	HIPAA Required
2100A	ICM	Member Income		s					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100A	AMT	Member Policy Amounts		s					
2100A	HLH	Member Health Information		s					
2100A	LUI	Member Language		s					
2100A	LUI02	Language Code	AN80	S	MHCP- PYMNT-LIST- REC	PRIMARY-LANG-IND	X(2)		
2100B	NM1	Incorrect Member Name		S					
2100B	NM1	Incorrect Member Name		S					
2100B	DMG	Incorrect Member Demographics		s					
2100C	NM1	Member Mailing Address		S					
2100C	NM1	Member Mailing Address		S					
2100C	N 3	Member Mail Street Address		S					
2100C	N 4	Member Mail City, State, Zip		S					
2100D	NM1	Member Employer		s					
2100D	NM1	Member Employer		S					
2100D	PER	Member Employer Communications Numbers		S					
2100D	N 3	Member Employer Street Address		S					
2100D	N 4	Member Employer City, State, Zip		s					
2100E	NM1	Member School		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100E	NM1	Member School		S					
2100E	PER	Member School Commmunications Numbers		S					
2100E	N 3	Member School Street Address		S					
2100E	N 4	Member School City, State, Zip		S					
2100F	NM1	Custodial Parent		S					
2100F	NM1	Custodial Parent		s					
2100F	PER	Custodial Parent Communications Numbers		S					
2100F	N 3	Custodial Parent Street Address		S					
2100F	N 4	Custodial Parent City, State, Zip		S					
2100G	NM1	Responsible Person		S					
2100G	NM1	Responsible Person		S					
2100G	PER	Responsible Person Communications Numbers		S					
2100G	N 3	Responsible Person Street Address		S					
2100G	N 4	Responsible Person City, State, Zip		S					
2200	DSB	Disability Information		S					
2200	DSB	Disability Information		S					
-									

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2200	DTP	Disability Eligibility Dates		S					
2300	HD	Health Coverage		S					
2300	HD	Health Coverage		S					
2300	HD 04	Plan Coverage Description	AN50	S	MHCP- PYMNT-LIST- REC	GROUP-NUMBER	X(04)		
2300	HD 04	Plan Coverage Description	AN50	S	MHCP- PYMNT-LIST- REC	MATCH-CODE	X(1)		
2300	HD 04	Plan Coverage Description	AN50	S	MHCP- PYMNT-LIST- REC	PROGRAM-CODE	X(1)		
2300	DTP	Health Coverage Dates		R					
2300	DTP03	Coverage Period	AN35	R	MHCP- PYMNT-LIST- REC	MONTH-OF-SERVICE	X(04)		
2300	AMT	Health Coverage Policy		S					
2300	REF	Health Coverage Policy Number		s					
2300	IDC	Identification Card		s					
2310	LX	Provider Information		s					
2310	LX	Provider Information		S					
2310	NM1	Provider Name		R					
2310	NM110	Entity Relationship Code	ID2	R	MHCP- PYMNT-LIST- REC	PCOP-PERFORM- PROV	9(07)		
2310	N 4	Provider City, State, ZIP Code		s					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310	PER	Provider Communications Numbers		S					
2310	PLA	PCP Change Reason		S					
2320	СОВ	Coordination of Benefits		S					
2320	СОВ	Coordination of Benefits		S					
2320	REF	Additional Coordination of Benefits Identifiers		S					
2320	N 1	Other Insurance Company Name		S					
2320	DTP	Coordination of Benefits Eligibility Dates	i	S					
2320	SE	Transaction Set Trailer		R					

Comment Type Legend:

Column Heading Legend: "DT" = Data Type

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99))